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CONFIRMATION NO. 5934

Bib Data Sheet

SERIAL NUMBER 10/798,113	FILING DATE 03/11/2004 RULE	CLASS 401	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 16660
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APPLICANTS

C. David Gordon, Dexter, MI;

** CONTINUING DATA *****

This application is a CIP of 10/420,384 04/22/2003 PAT 6,729,789
 which claims benefit of 60/374,422 04/22/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	MI	4	17	3

ADDRESS

50659
 BUTZEL LONG
 DOCKETING DEPARTMENT
 100 BLOOMFIELD HILLS PARKWAY
 SUITE 200
 BLOOMFIELD HILLS , MI
 48304

TITLE

Toothbrush assembly with toothpaste dispenser

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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